

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

In re Nicholas V. Campanella
Debtor

Case No. 16-21185-VFP
Reporting Period: February, 2017

Social Security # xxx-xx-1243
(last 4 digits only)

MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.
(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	Yes	No
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	Yes	Yes
Copies of bank statements		Yes	Yes
Disbursement Journal	MOR-2 (INDV)	Yes	No
Balance Sheet	MOR-3 (INDV)	No	No
Copies of tax returns filed during reporting period		No	No
Summary of Unpaid Post-petition Debts	MOR-4 (INDV)	Yes	No
Status of Secured Notes, Leases, Installment Payments	MOR-5 (INDV)	No	No
Debtor Questionnaire	MOR-6 (INDV)	Yes	No

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor

Nicholas V. Campanella

Date 6/19/17

Signature of Joint Debtor

Date

In re Nicholas V. Campanella
Debtor

Case No. 16-21185-VFP
Reporting Period: xxx-xx-1243

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	\$ 103,083.06	
RECEIPTS		
Wages (Net)	\$ 10,427.26	\$98,445.56
Interest and Dividend Income	4.07	\$39.86
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income (<i>attach schedule</i>)	\$10,061.28	\$296,444.73
Total Receipts	\$ 20,492.61	\$394,930.15
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)	\$7,465.79	\$59,585.82
Rental Payment(s)	\$200.00	\$1,685.00
Other Secured Note Payments	\$670.88	\$5,495.16
Utilities	\$1,082.36	\$8,209.73
Insurance		
Auto Expense		\$48.00
Lease Payments		
IRA Contributions		
Repairs and Maintenance		\$146.53
Medical Expenses	\$516.00	\$1,680.48
Food, Clothing, Hygiene	\$921.70	\$11,922.59
Charitable Contributions		\$15.00
Alimony and Child Support Payments		
Taxes - Real Estate	\$3,895.70	\$11,772.57
Taxes - Personal Property		
Taxes - Other (<i>attach schedule</i>)		\$80,000.00
Travel and Entertainment	\$499.03	\$7,193.68
Gifts	\$15.92	\$55,118.69
Other (<i>attach schedule</i>)	\$10,578.37	\$102,249.60
Total Ordinary Disbursements	\$25,845.75	\$345,122.85
REORGANIZATION ITEMS:		
Professional Fees		\$10,000.00
U. S. Trustee Fees		
Other Reorganization Expenses (<i>attach schedule</i>)		
Total Reorganization Items	\$ -	\$10,000.00
Total Disbursements (Ordinary + Reorganization)	\$ 25,845.75	\$355,122.85
Net Cash Flow (Total Receipts - Total Disbursements)	(5,353.14)	\$49,807.30

In re Nicholas V. Campanella

Case No. 16-21185-VFP

Debtor	Reporting Period: xxx-xx-1243
Cash - End of Month (Must equal reconciled bank statement)	\$ 97,729.92

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS
(continuation sheet)

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
Legal order reversal		\$274.28
Legal order reversal		\$125.00
Bank transfer to close previous account		\$350.00
Medical Insurance Refund		\$153.77
Credit Card Activitiy		\$15,662.36
Rent belonging to MCN Properties - deposited by mistake		\$39,781.09
Phoenix Medical Director Fees for Dr. Campanella		\$47,506.41
Distribution from Montclair Physicians Group, LLC		\$97,050.00
Distribution from Affiliates	\$10,061.28	\$95,541.82
Other Taxes		
Other Ordinary Disbursements		
Gina Campanella - reimbursement of expenses		\$150.00
Gina Campanella - reimbursement of expenses		\$320.00
Credit Cards Payable	\$8,047.35	\$10,356.73
Repairs & Maintenance		\$365.27
Family Contribution to Gina from Marie		\$40,000.00
Charitable Contributions		\$700.00
Capital Contribution to MCN Properties		\$30,000.00
Pilgrim Medical - Loan		\$9,000.00
Family Contribution to Joseph from Marie	\$2,531.02	\$11,024.08
Other Reorganization Expenses		

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	\$25,666.06
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	

In re Nicholas V. Campanella

Case No. 16-21185-VFP

Debtor

Reporting Period: xxx-xx-1243

TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES
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\$25,666.06

In re Nicholas V. Campanella
Debtor

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Reporting Period: xxx-xx-1243

DISBURSEMENT JOURNAL

CASH DISBURSEMENTS

Date	Payee	Purpose	Amount
1/27/17	Verizon	Utilities	\$ 240.00
1/30/17	Joseph Alfano	Rent	\$ 200.00
1/31/17	Township of Wyckoff	Real Estate Taxes	\$ 3,895.70
2/1/17	Joseph Alfano	Family Contribution	\$ 2,831.02
2/7/17	PSE&G	Utilities	\$ 647.31
2/21/17	Verizon	Utilities	\$ 195.05
Total Cash Disbursements			\$ 8,009.08

BANK ACCOUNT DISBURSEMENTS

Date	Payee	Purpose	Amount	Check #
1/30/17	Bank of America	LOC interest	\$ 670.88	651
2/13/17	M&T Bank	Mortgage	\$ 7,465.79	653
Total Bank Account Disbursements			\$ 8,136.67	

Total Disbursements for the Month	\$ 16,145.75
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Nicholas V. Campanella
Debtor

Case No. 16-21185-VFP
Reporting Period: xxx-xx-1243

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding	\$0.00	\$3,284.80	\$3,284.80			\$0.00
FICA-Employee	\$0.00	\$1,224.00	\$1,224.00			\$0.00
FICA-Employer	\$0.00	\$0.00	\$0.00			\$0.00
Unemployment	\$0.00	\$0.00	\$0.00			\$0.00
Income	\$0.00	\$0.00	\$0.00			\$0.00
Other:						
Total Federal Taxes	\$0.00	\$4,508.80	\$4,508.80			\$0.00
State and Local						
Withholding	\$0.00	\$941.54	\$941.54			\$0.00
Sales	\$0.00	\$0.00	\$0.00			\$0.00
Excise	\$0.00	\$0.00	\$0.00			\$0.00
Unemployment	\$0.00	\$68.00	\$68.00			\$0.00
Real Property	\$0.00	\$0.00	\$0.00			\$0.00
Personal Property	\$0.00	\$0.00	\$0.00			\$0.00
Other: Disability and Family Leave (NJ)		\$54.40	\$54.40			
Total State and Local		\$1,063.94	\$1,063.94			
Total Taxes	\$0.00	\$5,572.74	\$5,572.74			\$0.00

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable	0					0
Wages Payable	0					0
Taxes Payable	0					0
Rent/Leases-Building	0					0
Rent/Leases-Equipment	0					0
Secured Debt/Adequate Protection Payments	0					\$0.00
Professional Fees	0					0
Amounts Due to Insiders*	0					0
Other: Condo Fees						
Other: Mortgage						
Total Postpetition Debts	0					\$0.00

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

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DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		X
4	Is the Debtor delinquent in paying any insurance premium payment?		X
5	Have any payments been made on pre-petition liabilities this reporting period?		X
6	Are any post petition State or Federal income taxes past due?		X
7	Are any post petition real estate taxes past due?		X
8	Are any other post petition taxes past due?		X
9	Have any pre-petition taxes been paid during this reporting period?		X
10	Are any amounts owed to post petition creditors delinquent?		X
11	Have any post petition loans been received by the Debtor from any party?		X
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		X
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		X



P.O. Box 15284
Wilmington, DE 19850

MARIE T CAMPANELLA
384 SUNSET BLVD
WYCKOFF, NJ 07481-2420

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for January 26, 2017 to February 22, 2017

Account number: 1159

MARIE T CAMPANELLA

Account summary

Beginning balance on January 26, 2017	\$14,570.99
Deposits and other additions	10,788.54
Withdrawals and other subtractions	-8,009.08
Checks	-8,136.67
Service fees	-0.00

Ending balance on February 22, 2017 \$9,213.78

Your account has overdraft protection provided by deposit account number
0040 9020 5922.

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as they represent the United States at the
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SSM-11-16-0077.B | ARBCMD36



Your checking account

MARIE T CAMPANELLA | Account #

1159 | January 26, 2017 to February 22, 2017

Deposits and other additions

Date	Description	Amount
02/06/17	Online Banking transfer from CHK 2412 Confirmation# 1134526035	300.00
02/08/17	PILGRIM MEDICAL DES:DIRECT DEP ID:938702183616GH8 INDN:CAMPANELLA,MARIE CO ID:9111111101 PPD	5,213.63
02/09/17	BKOFAMERICA MOBILE 02/09 3523677703 DEPOSIT *MOBILE NJ	61.28
02/22/17	PILGRIM MEDICAL DES:DIRECT DEP ID:697069432050GH8 INDN:CAMPANELLA,MARIE CO ID:9111111101 PPD	5,213.63
Total deposits and other additions		\$10,788.54

Withdrawals and other subtractions

Date	Description	Amount
01/27/17	VERIZON COMMUNICATIONS Bill Payment	-240.00
01/30/17	Online scheduled transfer to CHK 2412 Confirmation# 1117565558	-200.00
01/31/17	Township of Wyckoff Bill Payment	-3,895.70
02/01/17	TFCU/Joseph Alfano Bill Payment	-2,831.02
02/07/17	PSE&G Bill Payment	-647.31
02/21/17	VERIZON COMMUNICATIONS Bill Payment	-195.05
Total withdrawals and other subtractions		-\$8,009.08

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"How much do I really need to save for retirement?"

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MARIE T CAMPANELLA | Account #

159 | January 26, 2017 to February 22, 2017

Checks

Date	Check #	Amount
01/30/17	651	-670.88

Date	Check #	Amount
02/13/17	653*	-7,465.79

Total checks **-58,136.67**

Total # of checks **2**

* There is a gap in sequential check numbers



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Wilmington, DE 19850

MARIE T CAMPANELLA
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Tampa, FL 33622-5118

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for January 26, 2017 to February 22, 2017

Account number 5922

MARIE T CAMPANELLA

Account summary

Beginning balance on January 26, 2017	\$88,512.07
Deposits and other additions	4.07
Withdrawals and other subtractions	-0.00
Service fees	-0.00
Ending balance on February 22, 2017	\$88,516.14

Annual Percentage Yield Earned this statement period: 0.06%.
Interest Paid Year To Date: \$8.95.

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Your savings account

MARIE T CAMPANELLA | Account #

5922 | January 26, 2017 to February 22, 2017

Deposits and other additions

Date	Description	Amount
02/22/17	Interest Earned	4.07
Total deposits and other additions		\$4.07

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12:45 PM

Nicholas V. Campanella or Marie Campanella

06/16/17

Profit & Loss

Accrual Basis

January 26 through February 22, 2017

	Jan 26 - Feb 22, 17
Ordinary Income/Expense	
Income	
Interest Income	4.07
Other Income	10,061.28
Salary - Pilgrim Medical Center	10,427.26
Total Income	20,492.61
Gross Profit	20,492.61
Expense	
Dues and Subscriptions	85.00
Food, Clothing, Hygiene	
Clothing	242.36
Food	596.34
Hygiene	83.00
Total Food, Clothing, Hygiene	921.70
Interest Expense	
LOC	670.88
Total Interest Expense	670.88
Meals and Entertainment	325.83
Medical Expenses	516.00
Mortgage - M&T Bank	7,465.79
Personal Gifts	15.92
Real Estate Taxes	
Wyckoff, NJ	3,895.70
Total Real Estate Taxes	3,895.70
Rental Expense	200.00
Travel Expense	88.20
Utilities	1,082.36
Total Expense	15,267.38
Net Ordinary Income	5,225.23
Net Income	5,225.23

Payroll Details

Hours and Earnings		Taxes		Deductions		Net Pay		Employee	
Description	Rate	Amount	Amount	Deduction	Amount	Net Pay	Amount	Liability	Amount
Pay Frequency: Biweekly									
Department: 800 - Staff									
Employee: Campanella, Marie									
SSN: xxx-xx-9003									
Regular	80.00	8,000.00	3,284.80	FED FIT	992.00	10,427.26	FED SOCSEC-ER		992.00
		8,000.00		FED SOCSEC	232.00		FED MEDCARE-ER		232.00
		16,000.00		FED			NJ SUI-ER		512.00
				MEDCARE			NJ SDI-ER		120.00
				NJ SIT	941.54				
				NJ SUI	68.00				
				NJ SDI	38.40				
				NJ FLI	16.00				
			5,572.74						1,856.00

Check Date: 02/08/2017 / Direct Deposit / Checking / Account No: XXXXXXXXXX1159 \$5,213.63

Check Date: 02/22/2017 / Direct Deposit / Checking / Account No: XXXXXXXXXX1159 \$5,213.63

Department Totals: 800 - Staff									
Regular	80.00	\$16,000.00	\$3,284.80	FED FIT	\$992.00	\$10,427.26	FED SOCSEC-ER		\$992.00
		\$16,000.00		FED SOCSEC	\$232.00		FED MEDCARE-ER		\$232.00
				FED			NJ SUI-ER		\$512.00
				MEDCARE			NJ SDI-ER		\$120.00
				NJ SIT	\$941.54				
				NJ SUI	\$68.00				
				NJ SDI	\$38.40				
				NJ FLI	\$16.00				
			\$5,572.74						\$1,856.00

Total Employees - 800 - Staff: 1									
Pay Frequency Totals: Biweekly									
Regular	80.00	\$16,000.00	\$3,284.80	FED FIT	\$992.00	\$10,427.26	FED SOCSEC-ER		\$992.00
		\$16,000.00		FED SOCSEC	\$232.00		FED MEDCARE-ER		\$232.00
				FED			NJ SUI-ER		\$512.00
				MEDCARE			NJ SDI-ER		\$120.00
				NJ SIT	\$941.54				
				NJ SUI	\$68.00				
				NJ SDI	\$38.40				
				NJ FLI	\$16.00				
			\$5,572.74						\$1,856.00

Total Employees - Biweekly: 1									
Company Totals:									
Regular	80.00	\$16,000.00	\$3,284.80	FED FIT	\$992.00	\$10,427.26	FED SOCSEC-ER		\$992.00
		\$16,000.00		FED SOCSEC	\$232.00		FED MEDCARE-ER		\$232.00
				FED			NJ SUI-ER		\$512.00
				MEDCARE			NJ SDI-ER		\$120.00
				NJ SIT	\$941.54				
				NJ SUI	\$68.00				
				NJ SDI	\$38.40				
				NJ FLI	\$16.00				
			\$5,572.74						\$1,856.00

Payroll Details

Hours and Earnings		Taxes		Deductions		Employer	
Description	Hours	Rate	Amount	Deduction	Amount	Net Pay	Liability Amount
Total Employees - Company: 1			\$5,572.74				

Company: Pilgrim Medical Group Inc
 Check dates from: 2/8/2017 - Payroll 1 to: 2/22/2017 - Payroll 1
 Pay Period from: 01/23/2017 to: 02/19/2017
 Date Printed: 06/16/2017 11:27
 22737851 - RZ/GH8